

VASDHS Interprofessional Fellowship in Psychosocial Rehabilitation (PSR) and Recovery Oriented Services

Veterans Affairs San Diego Healthcare System (VASDHS)
3350 La Jolla Village Drive (116B)
San Diego, California 92161



2016 - 2017

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Introduction

The purpose of this brochure is to describe the VASDHS Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services (PSR Fellowship). The VASDHS PSR Fellowship is part of [a national program](#) composed of six VA sites, coordinated by the VISN 5 Mental Illness Research, Education, and Clinical Center (MIRECC) in Baltimore, Maryland. The broad purpose of the PSR Fellowship program is to develop future mental health leaders with vision, knowledge, and commitment to transform mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery of individuals with serious mental illness (SMI). The VASDHS Fellowship program provides one year of advanced training in psychosocial rehabilitation of Veterans with psychotic disorders to mental health professionals from multiple disciplines (clinical psychology, social work, vocational rehabilitation, occupational therapy, nursing, and/or psychiatry). Training for clinical psychology residents in the VASDHS PSR Fellowship program is based on the scientist-practitioner model, focused on creating a foundation in clinical and research/dissemination practices that will prepare psychologists for careers as independent practitioners able to translate the scientific literature into sound, evidenced-based interventions and to evaluate and disseminate these approaches. Training for psychology residents adheres to the training manual for the larger VASDHS / UCSD Clinical Psychology Postdoctoral Residency Program, which has been accredited by the American Psychological Association since 2010. This brochure describes the PSR Fellowship program for *all* disciplines. At the end of the PSR Fellowship program, all residents are prepared for VA or university medical center careers that integrate clinical, training, research and leadership activities. The fellowship primarily emphasizes training in professional practice, with a secondary emphasis on clinical research and program evaluation. Residents spend the majority of their time in the provision of psychological services (60-65%), with 20% time devoted to clinical research and 10-15% devoted to didactics. Residents will learn to deliver high quality clinical care, to be critical contributors to and consumers of the scientific literature, and to let each of these areas inform the other.

Facilities

The VASDHS provides a full range of patient care services including inpatient and outpatient care, with state-of-the-art technology as well as education and research. VASDHS is a teaching hospital system whose main campus is situated adjacent to the UCSD campus. Outpatient care is also available at five Community Based Outpatient Clinics (CBOCs) located in Mission Valley, the Rio Clinic, Oceanside, Escondido, and Chula Vista. The VASDHS Mental Health Care Line serves Veterans who reside in San Diego and Imperial counties and provides general and specialized inpatient and outpatient psychiatric services.

[UCSD](#) is one of nine campuses of the University of California. UCSD curricula and programs have been singled out for top rankings in national surveys at both undergraduate and graduate levels. In terms of federal research and developmental funding, it is currently in the top six universities. The [UCSD Department of Psychiatry](#) was established in 1970 and has over 130 full-time faculty members. A primary objective of the Department of Psychiatry at UCSD is to offer an eclectic program of training that emphasizes the integration of relevant biological, psychological, family and preventive medicine, and sociological variables in the understanding of human behavior. The UCSD Department of Psychiatry is strongly integrated within the VASDHS, and together they offer a rich clinical and research environment. Many successful joint programs are currently in operation under the umbrella of an inter-agency sharing agreement. Noteworthy among these programs is a four-year Residency in General Psychiatry; a two-year Fellowship in Child Psychiatry; psychiatric fellowships in Geropsychiatry, an APA-accredited Joint Doctoral Program in Clinical Psychology; and an APA-accredited Internship in Professional Psychology. The mission of both the UCSD School of Medicine and the VASDHS include a strong emphasis on clinical care, professional training, and research; and both are nationally renowned for strong clinical, teaching, and research programs.

The VASDHS Psychology Service, part of the Mental Health Care Line, is focused on providing evidence-based assessments and treatments to improve the emotional and cognitive wellbeing of Veterans. It is an academically oriented service that shares the VA mission of excellence in clinical care, training, and clinically focused research. Currently accessible to the PSR Fellowship residents are over 60 part-and full time doctoral-level clinical psychologists, as well as psychiatrists, social workers, nursing staff, psychology technicians, vocational rehabilitation specialists, occupational therapists, peer support specialists, and administrative support staff. The majority of the Ph.D. clinical psychologists hold joint academic appointments in the UCSD Department of Psychiatry. There are complete facilities at the VA for computer

assisted psychological testing and videotaping of therapy sessions. All medical records charting and scheduling is done electronically.

Qualifications, Funding, and Benefits

Requirements for consideration are 1a) Psychology applicants: completion of an APA-accredited doctorate in clinical or counseling psychology and an APA-accredited internship in clinical psychology, 1b) Other applicants: completion of a postgraduate degree (M.D., Ph.D., R.N., M.S.W, M.A., M.S., O.T.); 2) US citizenship (as required by VA); and 3) males born after December 31, 1959 must have registered for the draft by age 26 years (as required by VA). Desirable qualifications include experience using evidence-based interventions, and career goals involving clinical, research, leadership and dissemination activities involving evidence-based practices in university-affiliated or VA or other medical center setting. Recruitment of men and women from diverse social and economic backgrounds and diverse cultural and demographic groups is a high priority.

All residents are funded through stipends from the Office of Academic Affiliations (OAA) Department of Veterans Affairs. Stipends are currently **\$45,950** for post-doctoral psychology residents, **\$32,289** for post-masters residents, and approx. **\$56,382 - \$67,063** (varies) for nursing and psychiatry residents, all with health benefits plus co-pay. Funds from VASDHS Psychology, Psychiatry, and Education Service budgets are used to cover program needs such as office and testing supplies, computers, copying educational materials, publication of program brochures, etc.

Psychology residents in the PSR Fellowship program occupy 2 of the 13 1-year postdoctoral positions offered by the VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program for the 2016-2017 training year. There are also psychology residency positions in each of the following emphasis areas: Posttraumatic Stress Disorder (PTSD); PTSD/Traumatic Brain Injury (TBI); Mood Disorders and Interdisciplinary Care; Geropsychology and Home-based Primary Care; Family Mental Health; Lesbian, Gay, Bisexual, and Transgender (LGBT) Mental Health; Psychosomatic/Behavioral Medicine Program (Primary Care Mental Health Integration (PCMHI) and Psycho-Oncology; Inpatient Consultation Liaison (C&L) Service and Pain Clinic Service; PCMHI and Tobacco Cessation). Further details on these positions can be found in the [website](#) for the clinical psychology postdoctoral fellowship program. Psychology applicants may apply to both the PSR Fellowship program and any of these other positions/emphasis areas if desired.

Training Program Structure

Training focuses primarily on clinical assessment and evidenced-based treatment of a range of psychiatric disorders within a multidisciplinary setting. Additionally, the program allows an opportunity for program evaluation and research, as well as teaching and dissemination through direct, mentored supervision of psychology interns and/or practicum students, and formal presentations and lectures to academic, medical, and community audiences. The program is designed to offer a broad range of experiences to develop a number of core professional competencies (described below) that build on the interests of the resident and the particular strengths of our faculty and department. Residents have a shared responsibility in designing and planning their residency experience in collaboration with their mentoring committee. **The residency requires a 366 day commitment from September 1 to September 1.** In those instances in which the first day of the residency is a holiday (i.e., Labor Day), the training program will start the following day and the residency will terminate 366 days later.

Residents generally work 40 hours per week, although professional responsibilities may extend the work week beyond its customary 40 hours at various times throughout the year. Some residents will choose to work more than 40 hours per week. Residents and supervisors will negotiate the exact schedule to meet the needs of the clinic and the resident. Residents will complete 2,080 hours of supervised professional experience (SPE) across the training year, which is well above the minimum of 1,500 postdoctoral Supervised Professional Experience (SPE) hours required for psychology licensure in California. The VASDHS is a Business and Professions Code (BPC) Section 2910 exempt setting whereby all hours related to clinical care including clinical research can be counted as SPE for licensure in California. General office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday; any deviation from this schedule must be approved by the primary supervisor and Training Director(s). In each calendar year there are 10 federal holidays. There are 13 sick leave days and 13 annual leave days, which are accrued during residency. There are no part-time residents.

The 12 month training year begins with an orientation week in which residents are oriented to the VASDHS and receive an introduction to their clinical placements. Orientation includes overview of policy and procedures, competency objectives and evaluation procedures. VASDHS requires residents to participate in several hours of New Employee Orientation (NEO). Trainees must also complete a 90-minute [online training](#) that is intended to take the place of all the hospital annual mandatory training modules.

During the orientation period, the supervisors and residents evaluate each trainee's strengths and weaknesses and develop an individualized training plan for the residency year. This plan outlines the resident's responsibilities, including the proportion of time

devoted to each training activity. Every resident must have a training plan approved by the Training Director(s) by the end of the first month of training.

Training includes: 1) supervised clinical experiences with Veterans on a multidisciplinary treatment team (primarily the outpatient CORE clinic; possibly the outpatient WAVE clinic and inpatient psychiatry; 60-65% effort); 2) didactics and training activities (10-15% effort); and 3) research/dissemination activities (20% effort).

All Residents are expected to:

- Collaborate with and directly provide services to people with mental illness;
- Conduct evidence-based assessments and deliver evidence-based practices;
- Obtain experience with the delivery of clinical supervision (psychology residents)
- Participate on interprofessional treatment teams;
- Attend required seminars and trainings;
- Conduct research/program evaluation and disseminate evidence-based services.

A developmental training approach will be used for the clinical training in which learning objectives are accomplished primarily through experiential clinical learning under supervision and mentoring by the resident's supervisors. A resident's clinical training follows a progression from observing supervisor modeling (in vivo service delivery and role plays in supervision), to delivering services with direct observation of resident-delivered services by the supervisor and/or with supervisor and resident as co-therapists, to increasingly autonomous, albeit monitored and supervised, service delivery. In the beginning of the training year, caseloads are lower, with increasing intensity as the year progresses.

Training

Residency positions are funded by the Department of Veterans Affairs OAA. The goal of the residency is to train residents to deliver evidence-based psychotherapy, disseminate these approaches and critically evaluate new approaches. The rationale for focusing on evidence-based psychotherapy is that veterans and other consumers of mental health treatment deserve access to treatments that are known to be effective. Dissemination of evidence-based treatment approaches is critical because many mental health providers do not have access to or do not avail themselves of such training. Residents will be prepared to help other mental health professionals appreciate the value of evidence-based care and train their colleagues to deliver such care. Residents learn to deliver evidence-based psychotherapies in a recovery model context, including developing personalized functioning goals and participating actively in treatment by choosing from a menu of treatment program opportunities, including inpatient and outpatient services, medication management, vocational skills development, psychoeducation, social skills training, illness management and recovery,

cognitive/behavioral therapy, substance use/dual-diagnosis treatment, and community integration resources. The goal is to both reduce symptoms and improve quality of life by improving functional behaviors. Finally, clinicians must be good consumers of the scientific literature to keep their clinical practice state-of-the-art.

PSR Fellowship program residents (who can be from the disciplines of psychology, social work, occupational therapy, vocational rehabilitation, nursing, or psychiatry) learn to function in leadership positions on interprofessional teams working with veterans with SMI. PSR Fellowship residents are trained to deliver evidence-based PSR practices for veterans with psychotic disorders, disseminate these approaches, and critically evaluate new approaches. Clinical training in the PSR Fellowship occurs primarily within the Center Of Recovery Education (CORE), the SDVAHCS's Psychosocial Rehabilitation and Recovery Center that is co-located at the La Jolla main hospital and the Rio Clinic CBOC in Mission Valley. Residents also have the option of spending some time working in inpatient psychiatry and the Wellness and Vocational Enhancement (WAVE) clinic. Residents' individual training needs/interests will determine the proportion of time allocated across settings. This clinical training model provides experiences with all key integrated PSR services across inpatient, outpatient, and community-based settings, while being flexible enough to accommodate individual interests and training needs. All PSR Fellowship residents assist veterans in developing and following recovery plans and provide a full continuum of evidence based psychological services including screenings, formal assessments, consultation, individual and group treatment, and psychoeducation. The primary supervisors for the fellowship are Dimitri Perivoliotis, Ph.D. (Director of Training), Eric Eichler, LCSW, Christina Fink, M.S. CRC, Jeanette Petrini, LCSW, Christine Rufener, Ph.D., and Rebecca Williams, Ph.D. Additional supervision may be provided by Eric Granholm, Ph.D., Brittney Montoya OTD, OTR/L, and Fiza Singh, M.D.

Supervision

Residents receive at least four hours of supervision per week; two of these hours occur in individual supervision and two occur in group supervision. The individual supervision is provided by two supervisors (1 hour from primary supervisor and 1 hour from secondary supervisor). One of these supervisors is from the same discipline as the resident. Individual supervision involves direct observation of clinical care or use of video/audio recording. Additional supervision may come from group supervision. Supervision assignments are documented in the training plan.

Residents also have an opportunity for training in providing supervision by supervising the clinical work of clinical psychology intern, clinical psychology practicum student, or peer support specialist. The clinical psychology resident's primary supervisor will supervise this supervision experience. We offer 6 hours of training in "Supervision in

Clinical Psychology” during the sixth month of the training year (approximately February) that will meet the California Board of Psychology requirement for training in supervision.

Seminars

Seminars required for all PSR Fellowship residents (regardless of discipline):

PSR Seminar: This seminar meets weekly for 60 minutes throughout the entire training year. It focuses on the recovery model and delivery of recovery-oriented evidence-based psychosocial rehabilitation interventions for consumers with psychotic disorders, including CBT for psychosis, Social Skills Training, Illness Management and Recovery, Behavioral Family Therapy, and Acceptance and Commitment Therapy. It is organized by Dimitri Perivoliotis, Ph.D.

PSR Fellowship Cross-Site Didactic Seminar: This seminar series is held on the 2nd Wednesday of each month for 90 minutes and is attended by residents in all seven VA PSR Residency Programs nationally. The seminar, therefore, offers an opportunity to interact and learn from experiences of local residents, as well as residents around the country via internet teleconferencing. Topics include (but are not limited to) recovery model and practices in serious mental illness, education / dissemination projects across sites, and psychosocial rehabilitation interventions. It is organized by the PSR Fellowship hub site.

Laws and Ethics Seminar (during October). The 2-hour ethics portion of the seminar covers: 1) code of conduct, 2) avoiding ethical complaints, 3) patient-therapist relationship issues, 4) record keeping guidelines, 5) forensic issues, and 6) research ethics. The 2-hour legal portion of the seminar covers: 1) informed consent, 2) HIPPA, 3) confidentiality, 4) reporting laws, and 5) an individual's access to their own medical record. It is organized by the VA psychology training directors, including Sandra Brown, Ph.D., ABPP, Amy Jak, Ph.D., ABPP, Brian Buzzella, Ph.D., ABPP, Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

Cultural Diversity Seminar. This seminar meets approximately twice per month (dates are skipped near holidays) for 60 minutes for a total of 13 meetings (2nd and 4th Wednesdays of each month). It incorporates didactic presentations with case presentations by residents. Potential topics are decided by the seminar leader with input from the residents and include: cultural competence in psychotherapy, assessment and treatment of lesbian, bisexual gay, transsexual (LBGT) clients, assessment and treatment of persons with disabilities, acculturation models for various ethnic minority groups, and diversity issues in the supervisory relationship. It is led by Emmanuel Espejo, Ph.D.

Seminars required for PSR Fellowship psychology residents (optional for other disciplines):

Professional Development Seminar. This seminar meets once per month (1st Wednesday of the month) for 60 minutes for the entire training year and focuses on professional development issues. It is led by Brian Buzzella, Ph.D., ABPP and Laurie Lindamer, Ph.D.

Substance Use Disorders Seminar (unless they already have fulfilled this California licensure requirement). This seminar meets weekly for 60 minutes for a total of 15 meetings. The content of the seminar covers the required areas to meet the California Board of Psychology licensure requirement on the evaluation and treatment of alcohol and other substance use disorders. It is organized by Ryan Trim, Ph.D.

Supervision in Clinical Psychology Seminar. This seminar meets for 6 hours during the middle of the training year (February-March). The content of the seminar covers the required areas to meet the California Board of Psychology licensure requirement supervision. Topics include: 1) models of supervision, 2) clinical competency, 3) goals of supervision, 4) reducing anxiety in supervision, 5) silence, 6) countertransference, 7) supervision and ethics, 8) risk management, 9) self-care for the therapist and supervisor, and 10) diversity awareness. It is organized by the VA psychology postdoctoral training directors, including Brian Buzzella, Ph.D., ABPP, Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

Clinical Psychology Postdoctoral Residency Seminar: Psychology residents will meet monthly (3rd Wednesday of each month) for 60 minutes for the entire training year. This seminar provides the opportunity for residents to check-in with the training director about their experiences in the training program and to participate in additional professional development activities. It is led by Brian Buzzella, Ph.D., ABPP and Autumn Backhaus, Ph.D.

Evidence-Based Practices Seminar: Psychology residents will meet weekly (Wednesdays 1-2 pm) for approximately four months following the completion of the Substance Abuse Seminar. This seminar provides multi-hour training in evidence-based practices commonly utilized within the VA mental health system. It is led by Brian Buzzella, Ph.D., ABPP.

Other Educational Opportunities for Residents

Fellows also have the opportunity to attend the following optional educational seminars, held weekly:

Psychiatry Department Grand Rounds: Range of topics from molecular biological approaches for psychiatric disorders to public policy implications of psychiatry.

Psychology Internship Seminar: Advanced seminars on interventions, assessment, diversity, and professional development.

Research/Dissemination Project Opportunities and Expectations

Training in research/dissemination is increasingly complex, with initial support being offered through meetings with one's primary supervisor, brainstorming ideas and presenting to the residency group, leading to execution of projects under guidance, and ultimately more autonomous presentations at public/community agencies and professional meetings. Training in research/dissemination will consist of a program evaluation, research or dissemination project that is developed by the resident and overseen by the research / dissemination mentor (typically the primary supervisor). Residents spend up to 8 hours per week on the research/dissemination project. Some residents elect to spend additional hours on research outside the 40-hour week. The project is limited in scope so that it may be achieved within the training period and supports the focus area. Some examples include involvement in an ongoing clinical research program, writing a research article using preexisting data, writing a review paper or case study, developing a treatment manual, development of training in an evidence-based practice for other professionals, implementing a new intervention service and conducting program evaluation of outcomes, and writing a grant. Training in dissemination and supervision occurs in seminars and journal clubs offered for residents in this program. Opportunities to teach and/or provide clinical supervision are made available. Residents have an opportunity to present their projects locally or at national conferences. For example, a resident might choose to evaluate client satisfaction and other key outcomes in one of the programs where they provide clinical services, before and after they implement an intervention they design or modify from existing validated interventions (e.g., using Cognitive Behavioral Therapy (CBT) approaches in a novel way to promote behavior change). Residents can also develop a project from existing data in one of many federally-funded labs. The nature of this project will be determined in collaboration with the supervision team.

Core Competencies

Core competencies (or standards of practice) are those skill sets that are essential to all practicing clinicians. Residents are expected to develop expertise in the core competencies of their respective discipline by the end of the training program. The core competency domains of the VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program are listed and defined below. The domains address the professional psychological competencies, skills, abilities, proficiencies and knowledge in the content areas outlined in the *APA Guidelines and Principles for Accreditation (G&P)*.

Some of these core competencies will however not be relevant for PSR residents from disciplines other than psychology. The competencies for which these residents will receive training and evaluation will be selected according to their relevance to their respective disciplines, during the collaborative development of the training plan with the primary supervisor at the beginning of the training year. In addition, PSR residents from disciplines other than psychology are expected to be aware of the core competencies unique to their respective disciplines and work with their supervisors to develop expertise in these areas.

I. Psychological Assessment, Diagnosis, and Consultation (G&P Domains: “Theories and effective methods of *psychological assessment, diagnosis* and interventions,” and “*Consultation*, program evaluation, supervision, and/or teaching”): By the end of the residency, residents should be able to formulate a multi-axial diagnosis by integrating data from a variety of sources, including clinical interview, family history, medical history, mental status examinations, and psychological testing data. All residents must demonstrate expertise in psychological assessment. By the end of the residency, the resident should be able to develop a testing battery to answer a specific referral question, administer and score a wide variety of psychological tests in a standardized fashion, interpret test data, integrate test data with history and other sources, write a report that clearly answers the referral question, and provide clear, relevant, treatment recommendations. All residents must be able to assist consumers and other providers in formulating treatment plans and setting attainable treatment goals, as well as linking consumers with needed resources to achieve them.

II. General Principles of Evidenced-Based Interventions (G&P Domain: “Theories and effective methods of psychological assessment, diagnosis and *interventions*”): All residents are expected to understand and demonstrate an advanced understanding and application of psychotherapeutic techniques common to all theoretical approaches including empathy, rapport, relationship building, and history-taking, and must become proficient in the procedures involved in specific individual and group evidence-based practices relevant to their position and rotations.

III. Rehabilitation and Recovery (G&P Domain: Theories and effective methods of psychological assessment, diagnosis and *interventions*): The goal of psychiatric rehabilitation is to enable individuals to transcend limits imposed by mental illness, social barriers, internalized stigma and second-class personhood, so that the individual can achieve their goals and aspirations in living, learning, working and socializing roles. To this end, residents must instill hope in verbal communication, make encouraging statements regarding an individual’s potential for recovery, and promote hopefulness for recovery, including identifying strengths. Residents must emphasize treatment choices and participation in the healthcare process, and integrate the use of community resources and entitlement programs into treatment planning and goal achievement.

Residents must also communicate with family members, friends, neighborhood and other natural community supports when appropriate to support efforts to change and goal attainment.

IV. Laws and Ethics (G&P Domain: “Professional conduct, ethics and law, and other standards for providers”): Residents must demonstrate sound professional clinical judgment and behavior in the application of assessment and intervention procedures with individuals; familiarity with and understanding of professional and legal standards in professional psychology, and a thorough working understanding of APA ethical principles and standards.

V. Cultural Diversity (G&P Domain: “Issues of cultural and individual diversity”): Residents are expected to demonstrate expertise in cultural diversity. Cultural and ethnic issues cut across all core competency areas. Residents develop expertise in cultural diversity through exposure to a multiethnic staff and patient population, through coursework, clinical supervision and consultation. By the end of the residency, residents are expected to 1) identify cultural/ethnic issues relevant to the case; 2) explain how these issues affect psychiatric presentation, psychological test data, response to staff and treatment interventions, and 3) modify assessment/treatment approach based on supervisory and consultant input. The VASDHS has a culturally diverse patient population, which ensures adequate contact to develop skills in this area.

VI. Supervision (G&P Domain: “Consultation, program evaluation, *supervision*, and/or teaching”): Residents receive supervision and are provided opportunities to supervise other providers (e.g., clinical psychology interns and practicum students), under the guidance of their own supervisor. Residents come to supervision prepared to discuss cases, including but not limited to providing video- or audio-tape of sessions and using theoretical framework to describe a case, assessment or treatment plan. Residents seek supervision for complex cases, and communicate in a professional manner with supervisors and supervisees. Open discussion and acceptance of constructive feedback during supervision is essential to the learning process.

VII. Clinical Research/Dissemination Skills (G&P Domains: “Consultation, program evaluation, supervision, and/or *teaching*” and “Strategies of scholarly inquiry”): Residents receive training in program evaluation and clinical research. These include the following skills: a) formulating testable hypotheses / identifying a service need; b) designing and carrying out a research/program evaluation project; c) presenting findings to other professionals.

VIII. Organization, Management and Administration (G&P Domain: “Organization, management and administration”): Residents must use time-management skills to

maintain an efficient practice, comply with program and local facility policies and procedures that support training and patient care, and complete administrative tasks that support training and patient care, in order to function as effective practitioners.

IX. Interprofessional Practice: (G&P Domains: “Theories and effective methods of *psychological assessment, diagnosis* and interventions,” and “*Consultation*, program evaluation, supervision, and/or teaching”): Residents receive training in interprofessional practice including clarity regarding roles, approaches, and resources. Residents develop expertise in interprofessional practice through team-work and communication. By the end of the residency, they are expected to collaborate effectively with other professionals in practice and in research.

Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

The program is organized and administered in such a way that respect for and understanding of cultural and individual diversity of faculty, staff, residents and consumers is fundamental and a core part of training at the VASDHS. According to the 2008 US Census, 43% of adults in San Diego County are minorities, and veterans with mental illness in San Diego County are from diverse backgrounds.

Each resident will receive training regarding sensitivity to issues of cultural and individual diversity. Issues related to cultural and individual diversity are covered in an 8 week seminar and also are discussed in other seminars. Issues related to cultural diversity are included in the evaluation forms filled out by the residents concerning their supervisors, and supervisors are encouraged to make discussion of such issues an integral part of case conceptualization and treatment strategy development. Prior to graduation, each resident is required to write about an important cultural diversity experience during the year including what they learned and how they benefited from supervision. Each resident also completes the California Brief Multicultural Competence Scale at the beginning and the end of the training year to assess the change in their level of cultural competence.

Evaluation Process

Supervisors and residents are expected to exchange feedback routinely as a part of the supervisory process; the evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Training Director(s) and supervisors to ensure that evaluation occurs in a timely and constructive fashion, and residents are encouraged and expected to take an active role. To that end, it is essential that residents understand the philosophy and logistics of evaluation as they begin training. The Training Director(s) review the overall evaluation process during initial orientation

processes, and each individual supervisor should review exit competencies for the specific position at the beginning of the year.

In collaboration with their supervisors, residents will complete a self-assessment of their own skills and knowledge for each core competency at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment, as well as the resident's application materials, would be discussed with supervisors in developing a training plan. Supervisors will complete competency-based evaluations of residents at mid-year and end-of-training. The mid-point evaluations are intended to be a progress report for residents to increase self-awareness and awareness of supervisor's perceptions, discrepancies between self-ratings and supervisor ratings, and to help the Resident focus on specific goals and areas of needed improvement as training progresses. We use a developmental rating scale to evaluate resident competencies. The minimum threshold expected of residents in order to graduate from the program is 80% of the total competency items rated 8 ("able to function independently most of the time") by the end of the training year. In the event that a supervisor suspects that a resident is not fulfilling critical competencies, Due Process procedures are in place to work towards resolution of the problem is possible. The Due Process procedure is reviewed in detail with residents at the beginning of the year.

Residents will also be asked to provide a written evaluation of each supervisor at end-of-training. This evaluation of the supervisor and the supervisor's evaluation of the resident are discussed by the resident and supervisor to facilitate mutual understanding and growth.

As part of a continual quality improvement plan, the Training Director(s) will conduct a self-study with residents at mid-year and at the conclusion of each training year. The areas reviewed are caseload mix and volume, balance of activities (clinical, teaching, research), amount and quality of supervision, adequacy of facility resources, and professional relationships between the residents and other healthcare professionals. The findings and minutes are distributed to the entire faculty for review and action when appropriate.

Application and Selection Process

Each applicant is asked to submit the following materials:

1. The VASDHS PSR Fellowship Program Cover Sheet (see page 19).
2. A brief statement of interest (maximum 2 pages), with the following: The emphasis area to which you are applying (i.e., PSR only or PSR and other position(s), for psychology applicants) and why; a brief summary of educational, clinical and research experiences relevant to the specific area of interest; a

summary of your training needs and goals for the residency; and a statement of your career goals. **For psychology applicants: if you are applying to more than one emphasis area, please submit a separate letter of interest for each area.** See http://www.sandiego.va.gov/careers/psychology_training.asp for details.

3. A current curriculum vitae or resume.
4. Three letters of reference, preferably from clinical and research supervisors.

Materials should be submitted by email to vafellowship@ucsd.edu. The application deadline for psychology applicants is 7:30am Pacific Standard Time on December 21, 2015 and the deadline for applicants from other disciplines is January 1, 2016. Late applications will be considered only for positions that are not filled by applicants who applied by these deadlines. Psychology applicants should be available for interview on February 5, 2016. Other interview dates and phone interviews may also be possible.

Selection of residents is done by our Postdoctoral Selection Committee (consisting of the Training Director(s) and supervisors for each emphasis area) with input from other staff members using the following criteria (not in order of priority): 1) breadth and quality of previous general clinical training experience, 2) breadth, depth, and quality of training experience in the specific area of emphasis, 3) quality and scope of scholarship, as indicated partially by research, conference presentations, and publications, 4) relationship between clinical and research interests/experience of the applicant, 5) evidence of accomplishments, 6) thoughtfulness of information provided in the cover letter, 7) goodness of fit between the applicant's stated objectives and the training program and medical center's resources, 8) strength of letters of recommendation from professionals who know the applicant well. The top three applicants in each emphasis area are invited to interview with the primary supervisor and other relevant faculty. The applicants are reassessed based on their interviews using similar criteria to those stated above, with the opportunity to obtain further and clarifying information as needed, as well as an assessment of interpersonal skills. Final admission and hiring of residents is dependent on VASDHS Human Resources Service approval, which includes a federal background check, physical examination, and education/credential verification.

The program is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities. We provide a supportive and encouraging learning environment for students, regardless of ethnic background or physical needs, and applicants from diverse backgrounds are encouraged to apply.

The program has nondiscriminatory policies and operating conditions and avoids any actions that would restrict program access and participation. In recent years, California state law and University of California policy have prohibited the specific inclusion of race/ethnicity factors in the recruitment of staff and faculty. More recently, however, the University has initiated an Equal Opportunity/Affirmative Action Program to increase faculty and staff diversity with some success. There is no discrimination in faculty hiring and retention practices, resident recruitment and selection processes, or patient eligibility criteria concerning access to the various evaluation and treatment programs.

Contact Information

Questions about the VASDHS PSR Fellowship program can be addressed to the program's training director:

Dimitri Perivoliotis, Ph.D.
VA San Diego Healthcare System
3350 La Jolla Village Dr. (116B)
San Diego, CA 92161
Email: dperivol@ucsd.edu (please email with questions first)
Telephone: (858) 552-8585 x2412
Web: http://www.sandiego.va.gov/careers/psychology_training.asp

Questions regarding the VASDHS / UCSD Clinical Psychology Postdoctoral Residency Program (e.g., regarding other residency positions available for psychology applicants) or administrative questions for PSR Fellowship applicants (e.g., status of application) can be directed to the Psychology Service, whose offices are open Monday through Friday, 7:30AM-4:00PM Pacific Standard Time, except on Federal holidays:

Psychology Postdoctoral Residency Program
(same address as above)
Telephone: (858) 552-8585 x3944
Fax: (858) 552-7414
Email: vafellowship@ucsd.edu
Web: http://www.sandiego.va.gov/careers/psychology_training.asp

Questions related to the psychology postdoctoral residency program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
740 1st Street, NE
Washington, DC 20002

Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

VASDHS PSR FELLOWSHIP PROGRAM APPLICATION COVER SHEET

Name:

Email:

Telephone number:

Please indicate your discipline:

- ☐ Psychology
- ☐ Social Work
- ☐ Vocational Rehabilitation
- ☐ Occupational Therapy
- ☐ Nursing
- ☐ Psychiatry

For psychology applicants: please indicate if you are applying to any other emphasis areas in addition to the PSR Fellowship program (see http://www.sandiego.va.gov/careers/psychology_training.asp for details). You must submit **separate applications if you are applying for more than one position:**

- ☐ Geropsychology and Home-based Primary Care
- ☐ Mood Disorders and Suicidality
- ☐ Lesbian, Gay, Bisexual, and Transgender (LGBT) Mental Health
- ☐ Posttraumatic Stress Disorder (stationed at La Jolla Medical Center, all combat eras, all trauma types)
- ☐ Posttraumatic Stress Disorder (Mission Valley CBOC, all combat eras, combat and military trauma)
- ☐ Posttraumatic Stress Disorder and Traumatic Brain Injury (TBI)
- ☐ La Jolla Primary Care Mental Health Integration (PCMHI) & Psycho-Oncology
- ☐ Inpatient Consultation Liaison (C&L) Service & Pain Clinic Service
- ☐ Mission Valley Primary Care Mental Health Integration (PCMHI) & Tobacco Cessation
- ☐ Family Mental Health

The VA requires that all applicants be US citizens and that psychology postdoctoral residents have completed an APA accredited doctoral program and internship. This means that you may not begin fellowship until you have defended your dissertation and completed all degree requirements associated with receipt of the Ph.D. This must occur by the start of the fellowship year. Male applicants from all disciplines must have registered for the draft by age 26. **Please do not apply if you do not meet these criteria** as we will not be able to review your application.

Application Checklist:

- ☐ 2-page (max) letter explaining interest and experience in PSR for consumers with psychotic disorders. (Psychology applicants who apply to other emphasis areas in addition to the PSR Fellowship must submit a separate letter of interest for each area.)
- ☐ Curriculum vitae or resume
- ☐ 3 letters of recommendation (at least 1 from recent clinical supervisor)

Materials should be submitted by email to vafellowship@ucsd.edu. The **application deadline for psychology applicants is 7:30 am PST on December 21, 2015 and January 1, 2016 for other disciplines.**